



# The Self-Directed Violence Classification System (SDVCS) Training

*What it is and why it matters*

**Bridget B. Matarazzo, PsyD<sup>1,2</sup>; Peter M. Gutierrez, PhD<sup>1,2</sup>;  
Morton M. Silverman, MD<sup>2</sup>**

VISN 19 MIRECC<sup>1</sup>; University of Colorado School of Medicine<sup>2</sup>

*Developed in collaboration with the Centers for Disease Control  
and Prevention*

# Disclosure

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# Presentation Overview

- **Development of a Nomenclature and Classification System**
- **Using the Self-Directed Violence Classification System (SDVCS)**
- **Using the Clinical Tool with Case Examples**
- **Clinical Implications**

# Research Team

**Katie Bellon, Ph.D.**

**Lisa Betthauser, MBA**

**Lisa A. Brenner, Ph.D.**

**Ryan E. Breshears, Ph.D.**

**Elizabeth Holman, Psy.D.**

**Joe Huggins, M.S.**

**Herbert. T. Nagamoto, M.D.**

**Morton M. Silverman, M.D.**

# **A Brief History of the Development of a Nomenclature and Classification System**



# Case Example 1

A healthy 21-year-old female is brought by her boyfriend to the Emergency Department after telling him she ingested 4-6 regular strength acetaminophen [Tylenol] capsules (1300-1950 mg total dose). She reports no ill effects. Lab tests done at the time of admission to the ED reported her acetaminophen level within the therapeutic range. Four hours later, lab tests reported levels within the low therapeutic range. During triage, she states that before she took the capsules, she was upset and wished she was dead. She feels better now and requests to go home.

# **The Language of Self-Directed Violence**

## **Identification of the Problem**

**Suicidal ideation**

**Death wish**

**Suicidal threat**

**Cry for help**

**Self-mutilation**

**Parasuicidal gesture**

**Suicidal gesture**

**Risk-taking behavior**

**Self-harm**

**Self-injury**

**Suicide attempt**

**Aborted suicide attempt**

**Accidental death**

**Unintentional suicide**

**Successful attempt**

**Completed suicide**

**Life-threatening behavior**

**Suicide-related behavior**

**Suicide**

# The Language of Self-Directed Violence

## Implications of the Problem

- Clinical
- Research



# The Problem...

Field of suicidology challenged by lack of conceptual clarity about suicidal behaviors and corresponding lack of well-defined terminology

- In both **research** and **clinical** descriptions of suicidal acts

Variability of terms referring to same behaviors (e.g., threat, gesture). Often pejorative and based on incorrect notions about seriousness and lethality of methods (e.g., manipulative, non-serious, etc).

# Current Terminology

## Research Implications of the Problem

### Example 1.

#### ABSTRACT

**Background.** Psychiatric emergency room (ER) patients are thought to be at increased risk of suicide. The prevalence and characteristics of suicidal behavior in a recent sample of patients who came to the ER for psychiatric evaluation were examined.

**Methods.** Charts of 311 consecutive psychiatric ER patients were reviewed. Suicidal behavior was considered present if current suicidal ideation or attempts within 24 hours of or during the emergency evaluation were noted in the chart.

**Results.** Suicidal behavior was present in 38% of the psychiatric ER patients. Younger age, white race, affective disorders in female patients, and substance abuse disorders in male patients were features of the suicidal group. Sex of the patient was not associated with suicidal behavior.

**Conclusions.** Suicidal behavior is prevalent in the psychiatric ER. Effective suicide prevention in this setting will hinge on finding more specific risk factors.

(Dhossche, 2000)

# Current Terminology

## Research Implications of the Problem

### Example 2.

#### Introduction

Suicide prevention has been at the forefront of mental health strategy for some years [1,2]. Effective management of deliberate self-harm (DSH) patients must be an important element in any suicide prevention policy [3]. This is because of the significant risk of completed suicide following deliberate self-poisoning or self-injury [4–7] and the fact that approximately half of all suicides in the United Kingdom have a history of DSH [8,9].

(Hickey, Hawton, Fagg, & Weitzel, 2001)

# Consequences...

**Makes interpreting the meaning of suicidal occurrences more difficult and hampers precise communication on individual or population basis**

- Occurrences that should be classified as suicidal may be missed
- Occurrences may be inappropriately classified as suicidal

# The Need for Consistent Definitions & Data Elements

**“Research on suicide is plagued by many methodological problems... Definitions lack uniformity ... reporting of suicide is inaccurate...”**

*(Reducing Suicide: A National Imperative, Institute of Medicine, 2002)*

# Synonyms for Suicide

**Committed Suicide**

**Completed Suicide**

**Failed Attempt**

**Fatal Repeater**

**Fatal Suicide**

**Fatal Suicide Attempt**

**Hastened Death**

**Intentional Self-Murder**

**Intentional Suicide**

**Lethal Suicide Attempt**

**Rational Suicide**

**Self-Inflicted Death**

**Self-Murder**

**Self-Slaughter**

**Suicide Victim**

**Successful Attempt**

**Successful Suicide**

**Unintentional Suicide**



# Synonyms for Suicide Attempt

**Aborted Suicide Attempt**  
**Attempted Suicide**  
**Cry for Help**  
**Death Rehearsals**  
**Failed Attempts**  
**Failed Completion**  
**Failed Suicide**  
**Near Lethal Self-Harm**  
**Near Miss Attempt**  
**Non-Lethal Self-Injurious**  
**Act**

**Non-Suicidal Self-injury**  
**Parasuicide**  
**Risk-Taking Behavior**  
**Self-Assaultive Behavior**  
**Self-Destructive Behavior**  
**Self-Inflicted Behavior**  
**Self-Injurious Behavior**  
**Suicidal Episode**  
**Suicidal Manipulation**  
**Suicidal Rehearsal**

# **“Unacceptable Terms”**

**Attempted Suicide  
Completed Suicide  
Committed Suicide  
Failed Attempt  
Failed Completion  
Fatal Suicide  
Attempt**

**Nonfatal Suicide  
Attempt  
Nonfatal Suicide  
Suicide Victim  
Suicide Gesture  
Manipulative Act**

# The Language of Suicidology

## Implications of the Problem

- Clinical
- Research
- Public Health

# The Language of Self-Directed Violence

## A Solution to the Problem

### **Nomenclature (def.):**

- a set of commonly understood
- widely acceptable
- comprehensive
- terms that define the basic clinical phenomena (of suicide and suicide-related behaviors)
- based on a logical set of necessary component elements that can be easily applied

(Silverman, 2006)

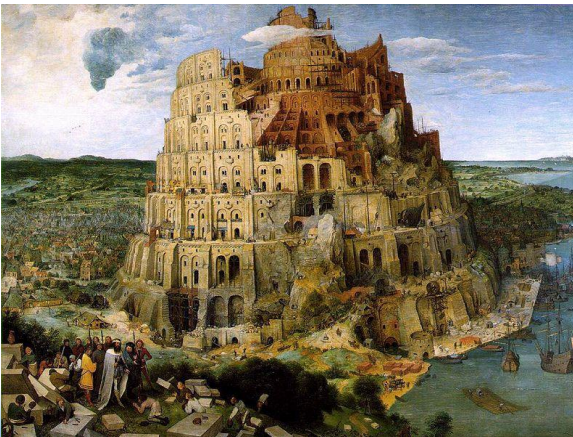
# What is the Purpose of a Nomenclature?

**enhance clarity of communication**  
**have applicability across clinical settings**

**be theory neutral**

**be culturally neutral**

**use mutually exclusive terms that encompass the  
spectrum of thoughts and actions**



Peter Brueghel the Elder, 1563

# Classification System

## Essential Features

**“exhaustive”**

**Builds upon a nomenclature**

**Further differentiates amongst like phenomena**

(Silverman, 2006)



## Beck, et al., Classification (1974)

Table 1  
Classification of Suicidal Behaviors

- 
- I. Completed suicide (CS)
    - A. Certainty of rater (1-100%)
    - B. Lethality (medical danger to life)  
(zero, low, medium, high)
    - C. Intent (to die)  
(zero, low, medium, high)
    - D. Mitigating circumstances (confusion, intoxication, etc.)  
(zero, low, medium, high)
    - E. Method (not an ordinal scale)
  - II. Suicide attempt (SA)
    - A. Certainty (1-100%)
    - B. Lethality (medical danger to life)
    - C. Intent (to die)  
(zero, low, medium, high)
    - D. Mitigating circumstances  
(zero, low, medium, high)
    - E. Method (not an ordinal scale)
  - III. Suicidal ideas (SI)
    - A. Certainty (1-100%)
    - B. Lethality (medical danger to life)  
(undetermined, low, medium, high; refers to consequences, if life-threatening plan were to be carried out)
    - C. Intent (to die)  
(zero, low, medium, high)
    - D. Mitigating circumstances  
(zero, low, medium, high)
    - E. Method  
(multiple methods may be listed. In some cases the method may be unknown. Not an ordinal scale)
- 

Source. Beck, A. T., Resnik, H. L. P., & Lettieri, D. J. (Eds.). (1974). *The prediction of suicide*. Bowie, MD: Charles Press Publishers (p. 41).

# Beyond the Tower of Babel: A Nomenclature for Suicidology

Patrick W. O'Carroll, MD, MPH, Alan L. Berman, PhD,  
Ronald W. Maris, PhD, Eve K. Moscicki, ScD, MPH,  
Bryan L. Tanney, MD, and Morton M. Silverman, MD

Suicidology finds itself confused and stagnated for lack of a standard nomenclature. This paper proposes a nomenclature for suicide-related behavior in the hope of improving the clarity and precision of communications, advancing suicidological research and knowledge, and improving the efficacy of clinical interventions.

# O'Carroll, et al. Nomenclature (1996)

Terms for suicide-related behaviors			Intent to die from suicide <sup>1</sup>	Instru-mental thinking	Outcome		
					No injury	Nonfatal injury	Death
S U I C I D E - R E L A T E D B E H A V I O R	I N S T R U M E N T A L B E H A V I O R	Instrumental suicide-related behavior					
		-with injuries	No	Yes		✓	
		-without injuries	No	Yes	✓		
		-with fatal outcome <sup>5</sup>	No	Yes			✓
	S U I C I D A L A C T S	Suicide attempt					
		-with injuries	Yes	+/-		✓	
		-without injuries	Yes	+/-	✓		
		Completed suicide	Yes	+/-			✓

<sup>1</sup>Conscious intent to ends one's life through the suicidal behavior.

<sup>5</sup>Note that a fatal outcome of instrumental behavior is properly considered accidental death, since by definition there is no intent to die from suicide.

# **Rebuilding the Tower of Babel: A Revised Nomenclature for the Study of Suicide and Suicidal Behaviors**

## **Part I: Background, Rationale, and Methodology Part II: Suicide-Related Ideations, Communications and Behaviors**

Morton M. Silverman, M.D.  
Alan L. Berman, Ph.D.  
Nels D. Sanddal, M.S.  
Patrick O'Carroll, M.D., M.P.H.  
Thomas E. Joiner, Jr., Ph.D.

SLTB (2007), 37(3), 248-277

Suicide-Related **IDEATIONS**

Suicide-Related **COMMUNICATIONS**

Suicide-Related **BEHAVIORS**

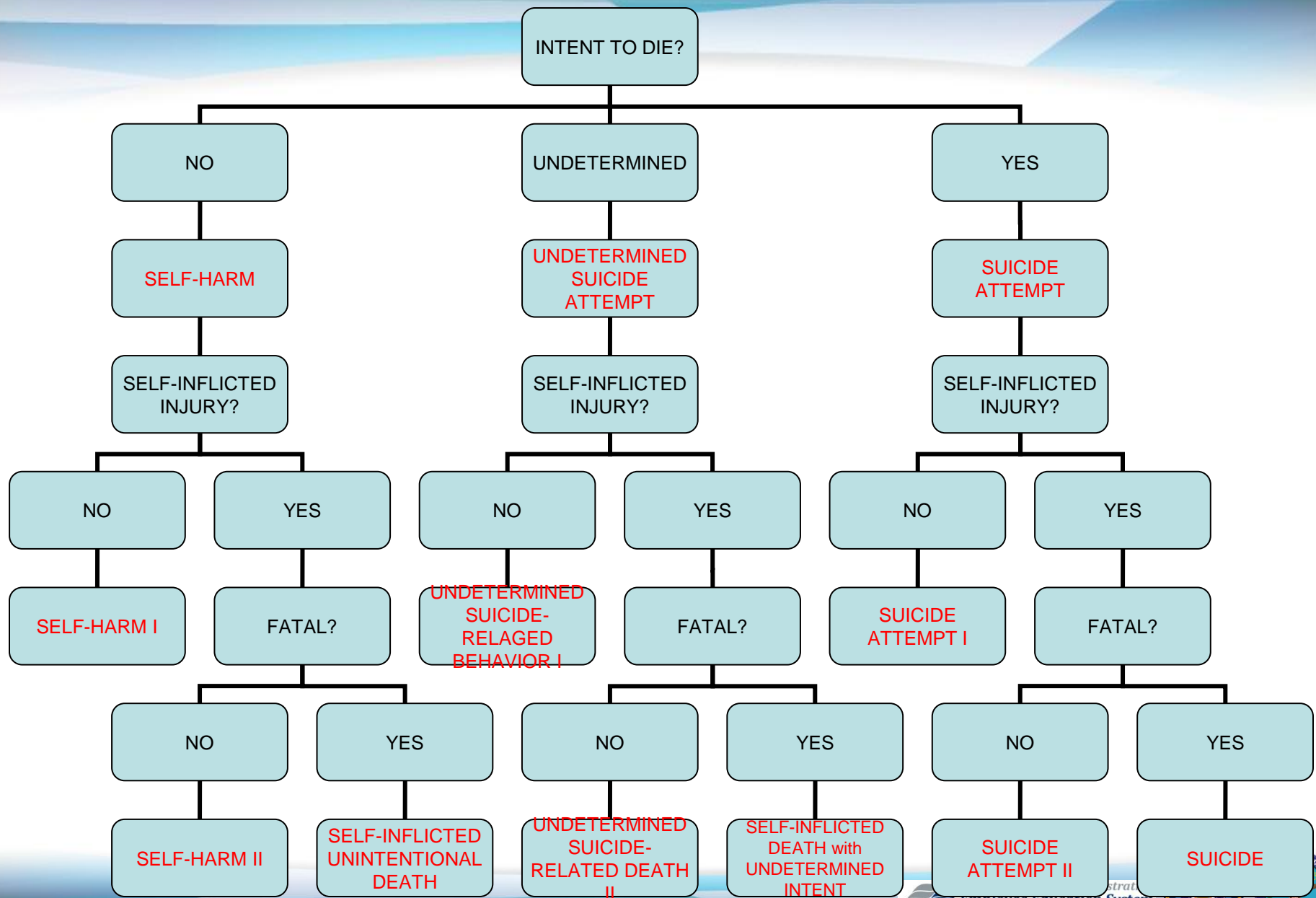
# Suicide-Related Communications

(Silverman, et al., 2007)





# Suicide-Related Behaviors



# Suicide-Related Behaviors

			O U T C O M E	
I N T E N T	None	Undetermined	Some	
	Self-Inflicted Unintentional Death	Self-Inflicted Death with Undetermined Intent	Suicide	Fatal Injury
	Self-Harm II	Undetermined Suicide-Related Behavior II	Suicide Attempt II	Non-Fatal Injury
	Self-Harm I	Undetermined Suicide-Related Behavior I	Suicide Attempt I	No Injury

# Self-Directed Violence Classification System

# Using the Classification System

Type	Sub-Type	Definition	Modifiers	Terms
Thoughts	Non-Suicidal Self-Directed Violence Ideation	Self-reported thoughts regarding a person's desire to engage in self-inflicted potentially injurious behavior. There is no evidence of suicidal intent.  For example, persons engage in Non-Suicidal Self-Directed Violence Ideation in order to attain some other end (e.g., to seek help, regulate negative mood, punish others, to receive attention).	N/A	•Non-Suicidal Self-Directed Violence Ideation
	Suicidal Ideation	Thoughts of engaging in suicide-related behavior.  For example, intrusive thoughts of suicide without the wish to die would be classified as Suicidal Ideation, Without Intent.	•Suicidal Intent -Without -Undetermined -With	•Suicidal Ideation, Without Suicidal Intent •Suicidal Ideation, With Undetermined Suicidal Intent •Suicidal Ideation, With Suicidal Intent
Behaviors	Preparatory	Acts or preparation towards engaging in Self-Directed Violence, but before potential for injury has begun. This can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for one's death by suicide (e.g., writing a suicide note, giving things away).  For example, hoarding medication for the purpose of overdosing would be classified as Suicidal Self-Directed Violence, Preparatory.	• Suicidal Intent -Without -Undetermined -With	•Non-Suicidal Self-Directed Violence, Preparatory •Undetermined Self-Directed Violence, Preparatory •Suicidal Self-Directed Violence, Preparatory
	Non-Suicidal Self-Directed Violence	Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself. There is no evidence, whether implicit or explicit, of suicidal intent.  For example, persons engage in Non-Suicidal Self-Directed Violence in order to attain some other end (e.g., to seek help, regulate negative mood, punish others, to receive attention).	• Injury -Without -With -Fatal • Interrupted by Self or Other	•Non-Suicidal Self-Directed Violence, Without Injury •Non-Suicidal Self-Directed Violence, Without Injury, Interrupted by Self or Other •Non-Suicidal Self-Directed Violence, With Injury •Non-Suicidal Self-Directed Violence, With Injury, Interrupted by Self or Other •Non-Suicidal Self-Directed Violence, Fatal
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Type
Thoughts
Behaviors





When both  
Thoughts and Behaviors are present  
**Behaviors**  
trump  
**Thoughts**  
for purposes of classification

Type	Sub-Type
Thoughts	Non-Suicidal Self-Directed Violence Ideation
	Suicidal Ideation
Behaviors	Preparatory
	Non-Suicidal Self-Directed Violence
	Undetermined Self-Directed Violence
	Suicidal Self-Directed Violence

Type	Sub-Type
Thoughts	Non-Suicidal Self-Directed Violence Ideation
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	Suicidal Ideation	<p>Thoughts of engaging in suicide-related behavior.</p> <p>For example, intrusive thoughts of suicide without the wish to die would be classified as Suicidal Ideation, Without Intent.</p>
Behaviors	Preparatory	<p>Acts or preparation towards engaging in Self-Directed Violence, but before potential for injury has begun. This can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for one's death by suicide (e.g., writing a suicide note, giving things away).</p> <p>For example, hoarding medication for the purpose of overdosing would be classified as Suicidal Self-Directed Violence, Preparatory.</p>
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# Using the Clinical Tool

## Self-Directed Violence (SDV) Classification System Clinical Tool

### BEGIN WITH THESE 3 QUESTIONS:

1. Is there any indication that the person engaged in self-directed violent behavior, either preparatory or potentially harmful?  
(Refer to Key Terms on reverse side)  
If NO, proceed to Question 2  
If YES, proceed to Question 3
2. Is there any indication that the person had self-directed violence related thoughts?  
If NO to Questions 1 and 2, there is insufficient evidence to suggest self-directed violence → **NO SDV TERM**  
If YES, proceed to **Decision Tree A**
3. Did the behavior involve any injury?  
If NO, proceed to **Decision Tree B**  
If YES, proceed to **Decision Tree C**

### DECISION TREE A: THOUGHTS



### DECISION TREE B: BEHAVIORS, WITHOUT INJURY



### DECISION TREE C: BEHAVIORS, WITH INJURY



## Self-Directed Violence (SDV) Classification System Clinical Tool

### Key Terms (Centers for Disease Control and Prevention)

**Self-Directed Violence:** Behavior that is self-directed and deliberately results in injury or the potential for injury to oneself.

**Suicidal Intent:** There is past or present evidence (explicit and/or implicit) that at the time of injury the individual intended to kill self and wished to die and that the individual understood the probable consequences of his or her actions.

**Preparatory Behavior:** Acts or preparation towards engaging in Self-Directed Violence, but before potential for injury has begun. This can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for one's death by suicide (e.g., writing a suicide note, giving things away).

**Physical Injury (paraphrased):** A bodily lesion resulting from acute overexposure to energy (this can be mechanical, thermal, electrical, chemical, or radiant) interacting with the body in amounts or rates that exceed the threshold of physiological tolerance (e.g., bodily harm due to suffocation, poisoning or overdoses, lacerations, gunshot wounds, etc.). Refer to the Classification System for the Centers for Disease Control and Prevention definition.

**Interrupted By Self or Other:** A person takes steps to injure self but is stopped by self/another person prior to fatal injury. The interruption may occur at any point.

**Suicide Attempt:** A non-fatal self-inflicted potentially injurious behavior with any intent to die as a result of the behavior.

**Suicide:** Death caused by self-inflicted injurious behavior with any intent to die as a result of the behavior.

Behaviors  
Thoughts

Reminder: Behaviors Trump Thoughts

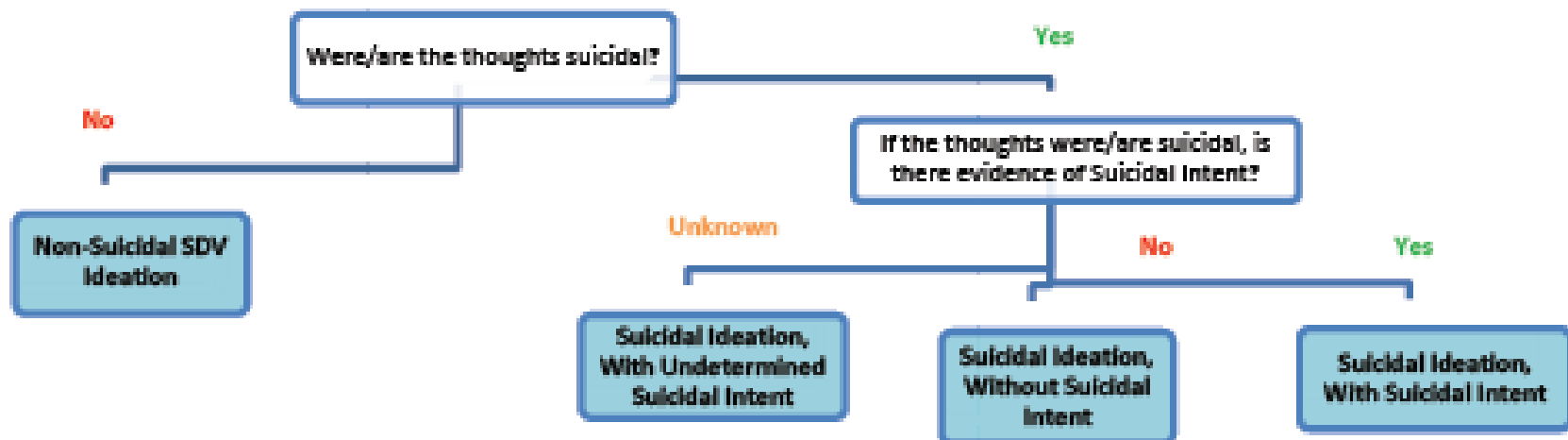


**CASE EXAMPLE: Working with a depressed client, you ask if she ever has thoughts of killing herself. She says, “Well, sometimes the thought pops into my head, but I would never do it because of my kids.”**

**BEGIN WITH THESE 3 QUESTIONS:**

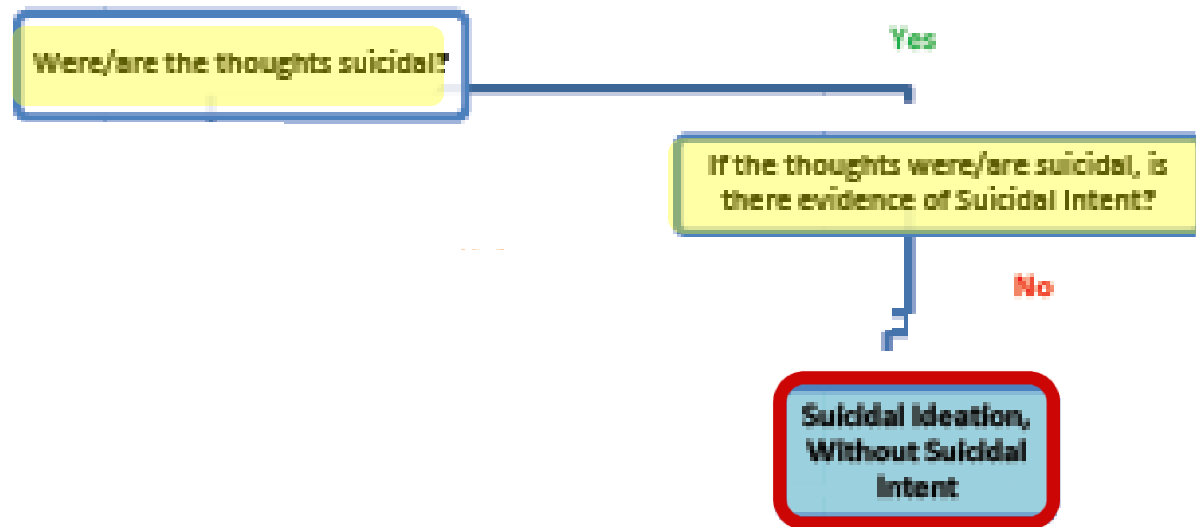
1. Is there any indication that the person engaged in self-directed violent behavior, either preparatory or potentially harmful?  
(Refer to Key Terms on reverse side)  
**If NO, proceed to Question 2**  
**If YES, proceed to Question 3**
2. Is there any indication that the person had self-directed violence related thoughts?  
**If NO to Questions 1 and 2, there is insufficient evidence to suggest self-directed violence → NO SDV TERM**  
**If YES, proceed to Decision Tree A**
3. Did the behavior involve any injury?  
**If NO, proceed to Decision Tree B**  
**If YES, proceed to Decision Tree C**

**DECISION TREE A: THOUGHTS**



**CASE EXAMPLE:** Working with a depressed client, you ask if she ever has thoughts of killing herself. She says, “Well, sometimes the thought pops into my head, but I would never do it because of my kids.”

## DECISION TREE A: THOUGHTS



## Key Terms (Centers for Disease Control and Prevention)

**Suicidal Intent:** There is past or present evidence (explicit and/or implicit) that at the time of injury the individual intended to kill self and wished to die, and that the individual understood the probable consequences of his or her actions.

**CASE EXAMPLE: A patient's mother finds him tearful and holding a knife to his wrist. He has already made a few small cuts. On his bed is a note stating, "I can't go on like this. You'll be better off without me."**

**BEGIN WITH THESE 3 QUESTIONS:**

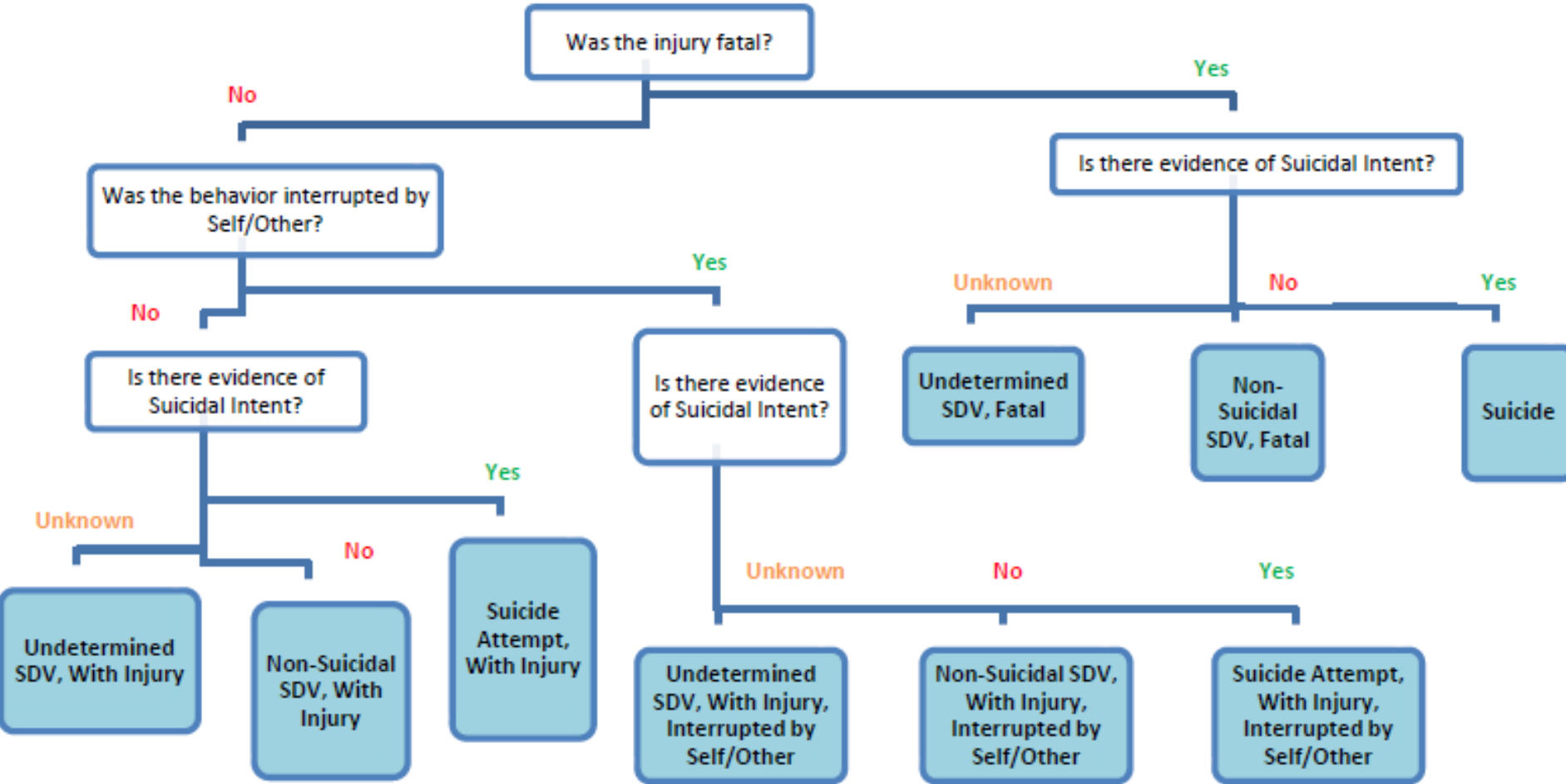
1. Is there any indication that the person engaged in self-directed violent behavior, either preparatory or potentially harmful?  
(Refer to Key Terms on reverse side)  
**If NO, proceed to Question 2**  
**If YES, proceed to Question 3**
2. Is there any indication that the person had self-directed violence related thoughts?  
**If NO to Questions 1 and 2, there is insufficient evidence to suggest self-directed violence → NO SDV TERM**  
**If YES, proceed to Decision Tree A**
3. Did the behavior involve any injury?  
**If NO, proceed to Decision Tree B**  
**If YES, proceed to Decision Tree C**



**CASE EXAMPLE:** A patient's mother finds him tearful and holding a knife to his wrist. He has already made a few small cuts. On his bed is a note stating, "I can't go on like this. You'll be better off without me."

- 3. Did the behavior involve any injury?  
If NO, proceed to **Decision Tree B**  
If YES, proceed to **Decision Tree C**

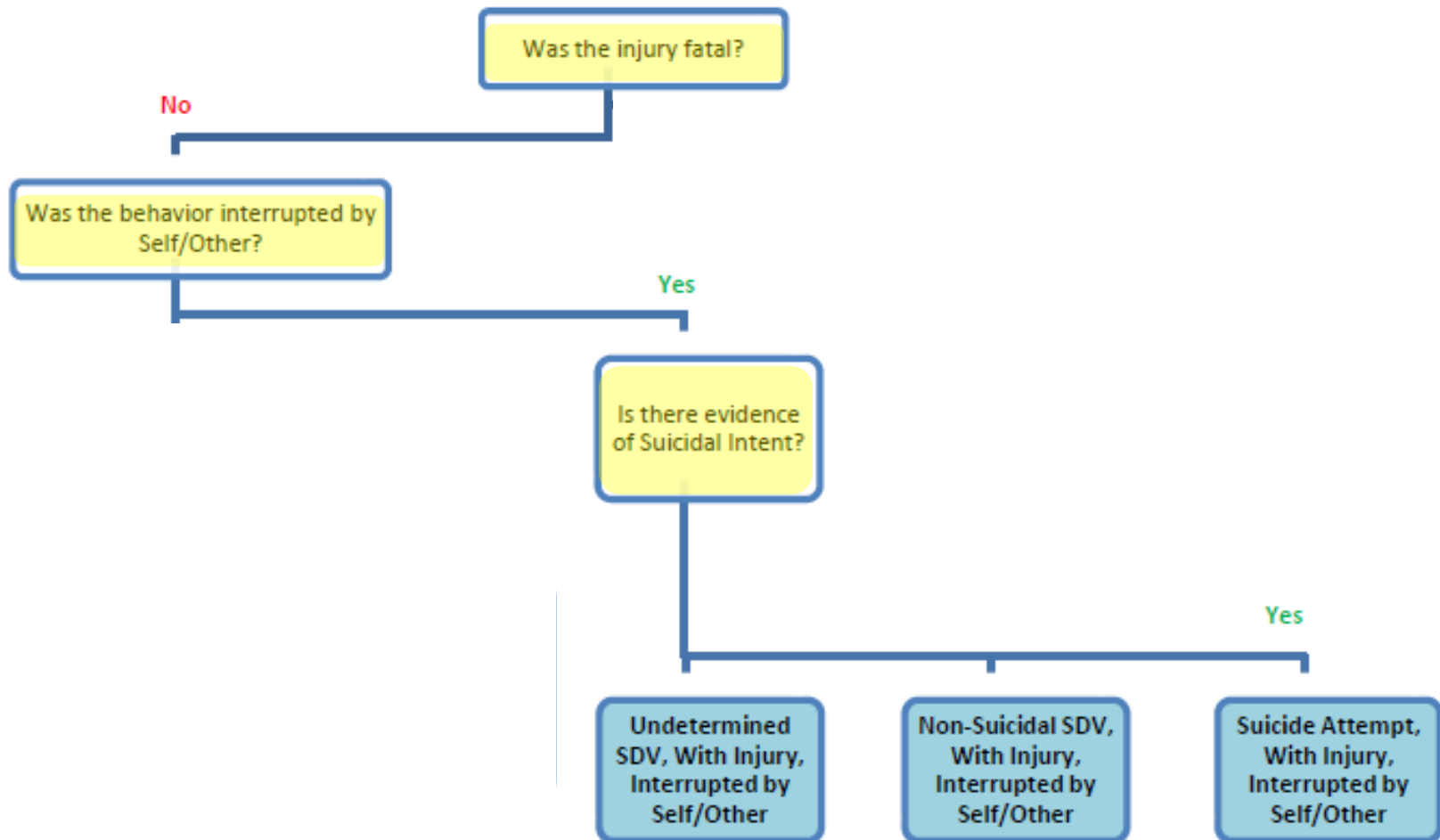
**DECISION TREE C: BEHAVIORS, WITH INJURY**



**CASE EXAMPLE:** A patient's mother finds him tearful and holding a knife to his wrist. He has already made a few small cuts. On his bed is a note stating, "I can't go on like this. You'll be better off without me."

3. Did the behavior involve any injury?  
If NO, proceed to **Decision Tree B**  
If YES, proceed to **Decision Tree C**

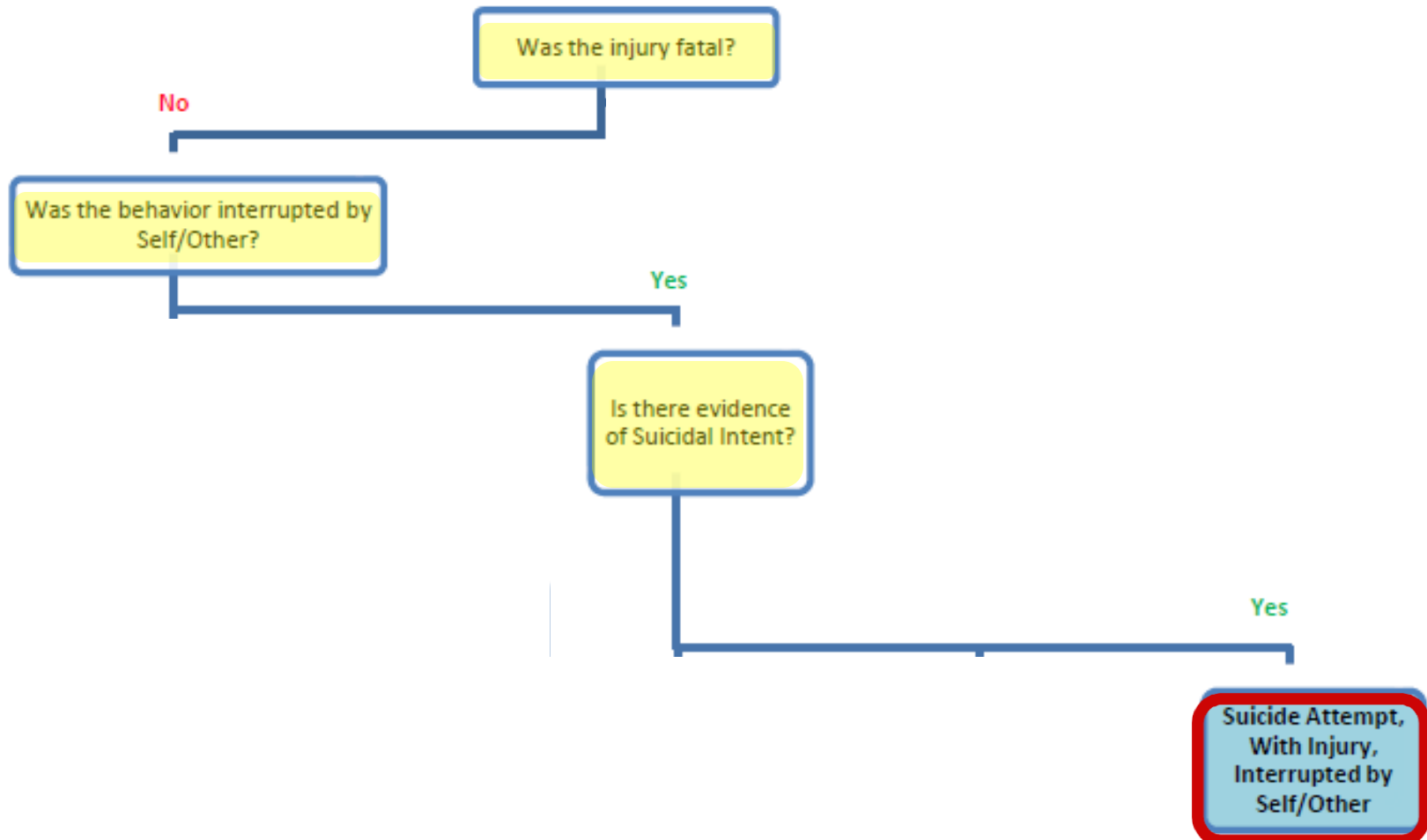
**DECISION TREE C: BEHAVIORS, WITH INJURY**



**CASE EXAMPLE:** A patient's mother finds him tearful and holding a knife to his wrist. He has already made a few small cuts. On his bed is a note stating, "I can't go on like this. You'll be better off without me."

3. Did the behavior involve any injury?  
If NO, proceed to **Decision Tree B**  
If YES, proceed to **Decision Tree C**

**DECISION TREE C: BEHAVIORS, WITH INJURY**



**CASE EXAMPLE: A 75-year-old Veteran loses his wife to cancer. Within hours, he purchases ammunition for a handgun he has had for years and contacts his attorney asking to revise his will. His son asks him about these behaviors, and he refuses to answer, changing the subject.**

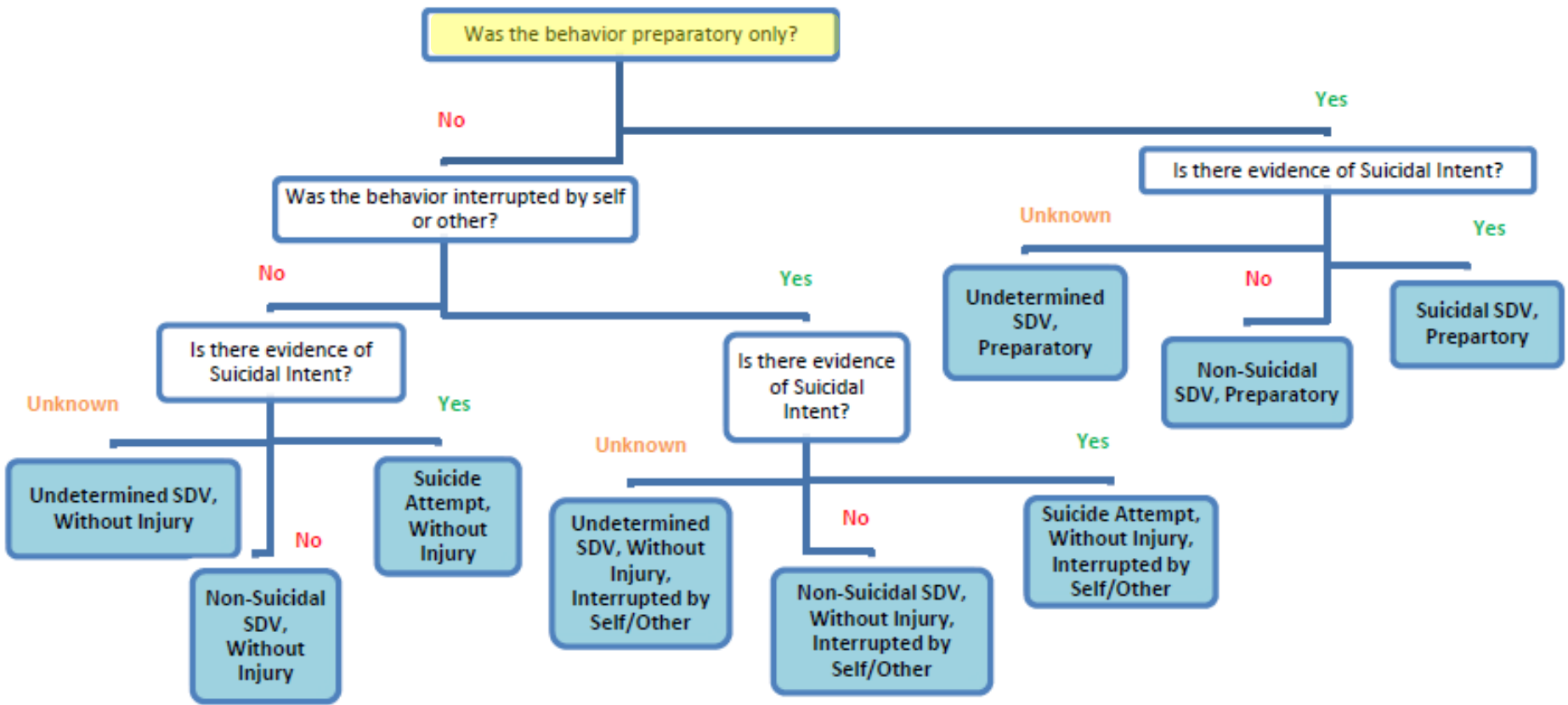
**BEGIN WITH THESE 3 QUESTIONS:**

1. Is there any indication that the person engaged in self-directed violent behavior, either preparatory or potentially harmful?  
(Refer to Key Terms on reverse side)  
**If NO, proceed to Question 2**  
**If YES, proceed to Question 3**
2. Is there any indication that the person had self-directed violence related thoughts?  
**If NO to Questions 1 and 2, there is insufficient evidence to suggest self-directed violence → NO SDV TERM**  
**If YES, proceed to Decision Tree A**
3. Did the behavior involve any injury?  
**If NO, proceed to Decision Tree B**  
**If YES, proceed to Decision Tree C**

**CASE EXAMPLE: A 75-year-old veteran loses his wife to cancer. Within hours, he purchases ammunition for a handgun he has had for years and contacts his attorney asking to revise his will. His son asks him about these behaviors, but he changes the subject.**

- 3. Did the behavior involve any injury?  
If NO, proceed to **Decision Tree B**  
If YES, proceed to **Decision Tree C**

**DECISION TREE B: BEHAVIORS, WITHOUT INJURY**

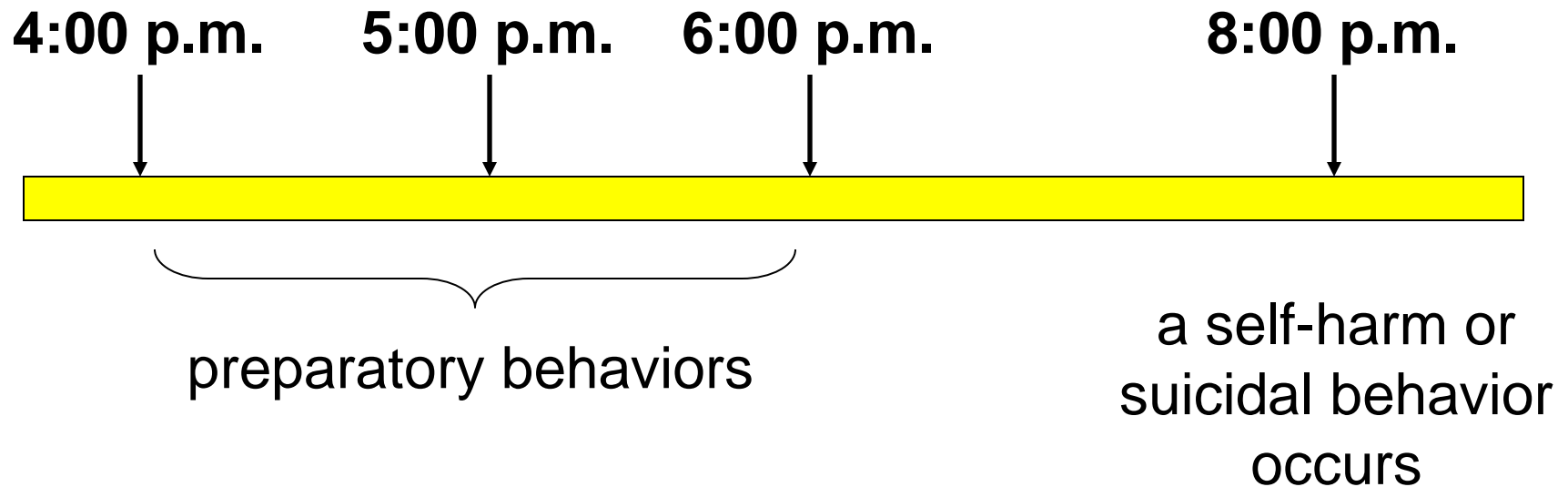


# Key Concept

## Preparatory Behavior

### Preparatory:

Acts or preparation towards engaging in Self-Directed Violence, but before potential for injury has begun. This can include anything beyond a verbalization or thought, such as assembling a method (e.g., buying a gun, collecting pills) or preparing for one's death by suicide (e.g., writing a suicide note, giving things away).





# Key Concept

## Preparatory Behavior

4:00 p.m.



6:00 p.m.



8:00 p.m.



Purchases ammunition  
for a handgun

Contacts  
attorney

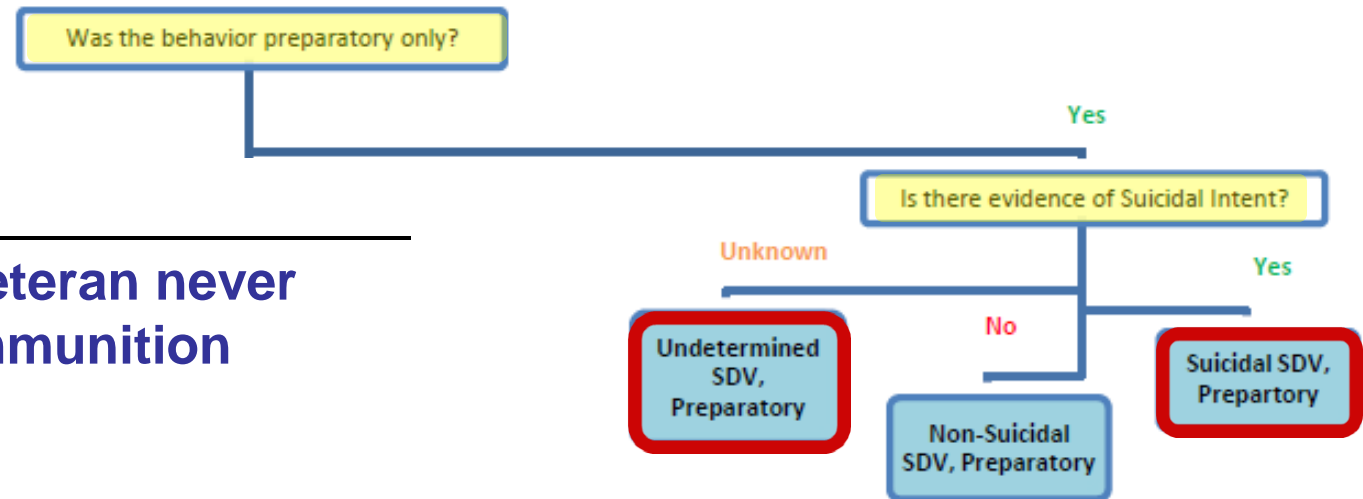
Confronted by  
son

**CASE EXAMPLE:** A 75-year-old veteran loses his wife to cancer. Within hours, he purchases ammunition for a handgun he has had for years and contacts his attorney asking to revise his will. His son asks him about these behaviors, but he changes the subject.

**CASE EXAMPLE: A 75-year-old veteran loses his wife to cancer. Within hours, he contacts his attorney to revise his will. His son asks him about these behaviors, but he changes the subject.**

3. Did the behavior involve any injury?  
If NO, proceed to **Decision Tree B**  
If YES, proceed to **Decision Tree C**

**DECISION TREE B: BEHAVIORS, WITHOUT INJURY**



**SUPPOSE: The veteran never purchased the ammunition**

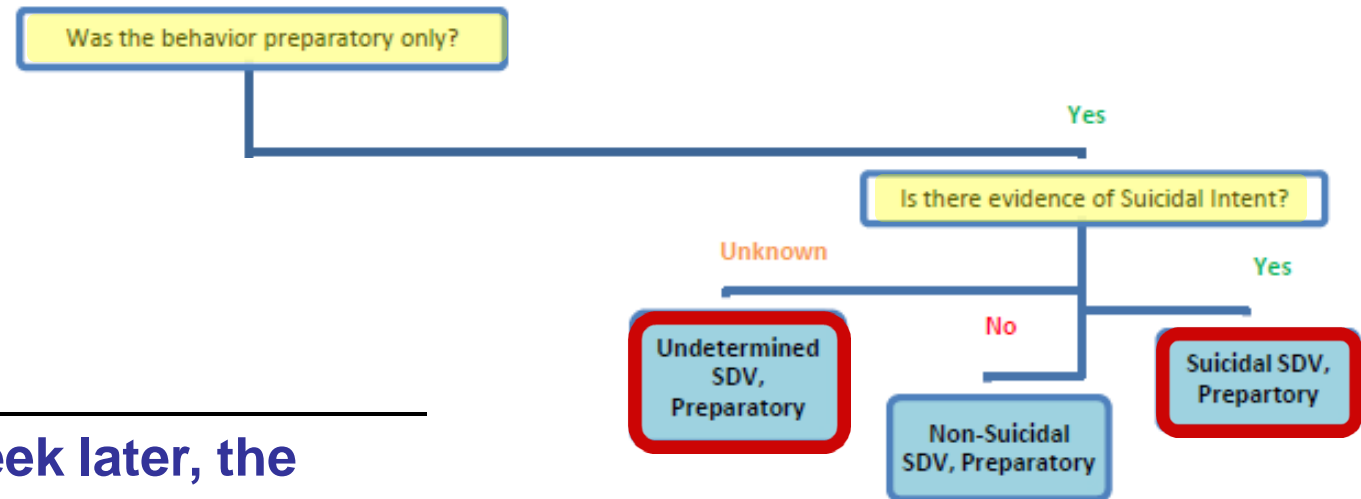
**Key Terms** (Centers for Disease Control and Prevention)

**Suicidal Intent:** There is past or present evidence (explicit and/or implicit) that at the time of injury the individual intended to kill self and wished to die, and that the individual understood the probable consequences of his/her actions.

**CASE EXAMPLE: A 75-year-old veteran loses his wife to cancer. Within hours, he contacts his attorney to revise his will. His son asks him about these behaviors, but he changes the subject.**

3. Did the behavior involve any injury?  
If NO, proceed to **Decision Tree B**  
If YES, proceed to **Decision Tree C**

**DECISION TREE B: BEHAVIORS, WITHOUT INJURY**

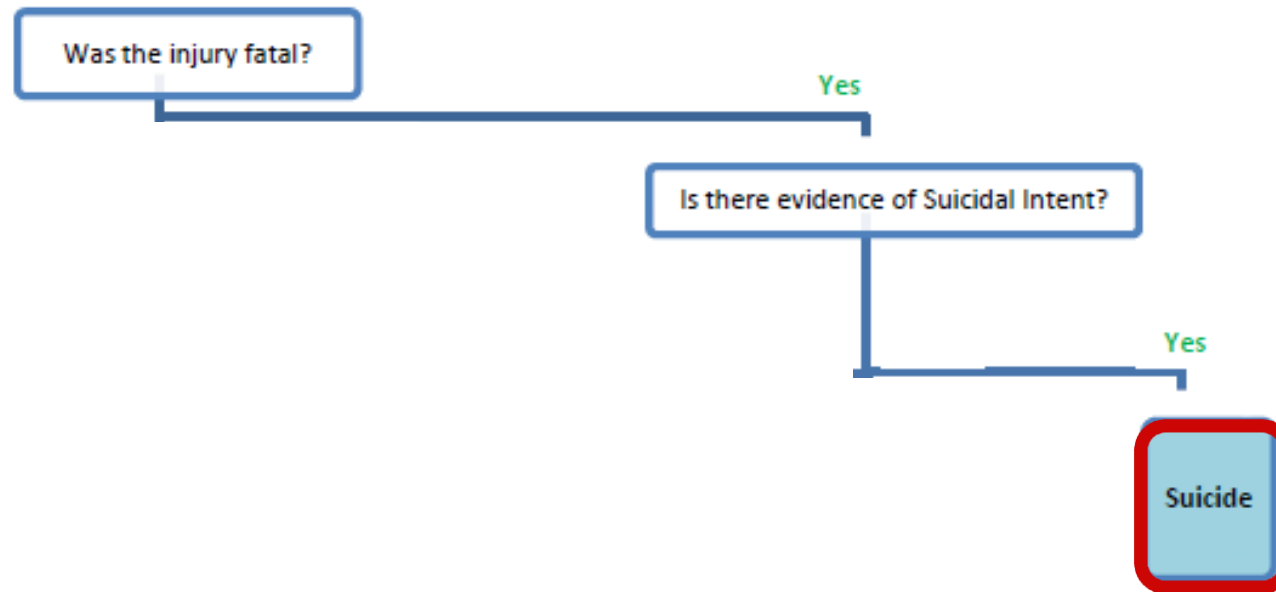


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**UPDATE: One week later, the veteran is deceased from a self-inflicted gunshot wound.**

**CASE EXAMPLE: A 75-year-old veteran loses his wife to cancer. Within hours, he purchases ammunition for a handgun he has had for years and contacts his attorney to revise his will. His son asks him about these behaviors, but he changes the subject. One week later, the veteran is deceased from a self-inflicted gunshot wound.**

**DECISION TREE C: BEHAVIORS, WITH INJURY**



# Clinical Implications

- Not a substitute for thorough assessment
- Knowing the terms guides the questions to be asked
- Correctly classifying behaviors helps understand reasons for the behaviors
- Assists in appropriate determination of current risk
- Facilitates treatment planning

# References

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- De Leo, D. Burgis, S., Bertolote, J.M., Kerkhof, A.J.F.M., & Bille-Brahe, U. (2006). Definitions of suicidal behavior: Lessons learned from the WHO/EURO Multicentre Study. *Crisis*, 27(1), 4-15.
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# Use Your Smartphone to Visit the VISN 19 MIRECC Website

## Requirements:

1. Smartphone with a camera
2. QR scanning software (available for free download just look at your phones marketplace)



[www.mirecc.va.gov/visn19](http://www.mirecc.va.gov/visn19)



1 Scan QR code

2 Open web site

# Thank you!

[Bridget.Matarazzo@va.gov](mailto:Bridget.Matarazzo@va.gov)

[Peter.Gutierrez@va.gov](mailto:Peter.Gutierrez@va.gov)

[msilverman@edc.org](mailto:msilverman@edc.org)

<http://www.mirecc.va.gov/visn19/>